

16085 U.S. PTO



012204

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**CERTIFICATE OF EXPRESS MAILING**

I hereby certify that this paper and the documents and/or fees referred to as attached therein are being deposited with the United States Postal Service on **January 22, 2004** in an envelope as "Express Mail Post Office to Addressee" service under 37 CFR §1.10, Mailing Label Number **EU721712694US**, addressed to the Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Jay R. Beyer

Attorney Docket No.: **SHL-1**First Named Inventor: **Scott A. Shelstad****EU 721712694 US**22390 U.S. PTO
10/763675

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UTILITY PATENT APPLICATION TRANSMITTAL (37 CFR § 1.53(b))

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

☒ Duplicate for fee processing

Sir: This is a request for filing a patent application under 37 CFR. § 1.53(b) in the name of inventors:
Scott A. Shelstad

For: **REUSABLE CUP IDENTIFICATION CLIP**Application Elements:

- ☒ 9 Pages of Specification, Claims and Abstract
☒ 3 Sheets of formal Drawings
☒ 2 Pages Combined Declaration and Power of Attorney

Accompanying Application Parts:

- ☐ Assignment and Assignment Recordation Cover Sheet (recording fee of \$40.00 enclosed)
☐ 37 CFR 3.73(b) Statement by Assignee
☐ Information Disclosure Statement with Form PTO-1449
☐ Copies of IDS Citations
☐ Preliminary Amendment
☒ Return Receipt Postcard
☐ This Application does qualify for Small Entity Status
☐ Other: Nonpublication Request

Fee Calculation (37 CFR § 1.16)

	(Col. 1)(Col. 2)		SMALL ENTITY	OR		LARGE ENTITY	
	NO. FILED	NO. EXTRA	RATE	FEE		RATE	FEE
BASIC FEE			\$385	\$ 385	OR	\$770	\$
TOTAL CLAIMS	<u>23</u>	-20 = <u>3</u>	x9 =	\$ 27	OR	x18 =	\$
INDEP CLAIMS	<u>6</u>	-03 = <u>3</u>	x43 =	\$ 129	OR	x86 =	\$
[] Multiple Dependent Claim Presented			\$145 =	\$	OR	\$290 =	\$
* If the difference in Col. 1 is less than zero, enter "0" in Col. 2.			Total	\$ 541	OR	Total	\$

☐ Check No. _____ in the amount of \$_____ is enclosed.

☒ Please charge Deposit Account No. **19-1685** (Order No. **SHL-1**) in the amount of **\$541.00** to cover the filing fee.

☒ The Commissioner is authorized to charge any fees beyond the amount enclosed which may be required, or to credit any overpayment, to Deposit Account No. **19-1685** (Order No. **SHL-1**).


General Authorization for Petition for Extension of Time (37 CFR §1.136)

☒ Applicants hereby make and generally authorize any Petitions for Extensions of Time as may be needed for any subsequent filings. The Commissioner is also authorized to charge any extension fees under 37 CFR §1.17 as may be needed, to Deposit Account No. **19-1685** (Order No **SHL-1**).

☒ Please send all correspondence addressed to the address associated with the following Customer Number:

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Date: **January 22, 2004**